

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/538,277-Conf. #9420
		Filing Date	June 10, 2005
		First Named Inventor	Claudia Angelica SOTO PEREDO
		Examiner Name	Not Yet Assigned
		Art Unit	1614
TOTAL AMOUNT OF PAYMENT		(\$)	1,110.00
		Attorney Docket No.	2585-0126PUS1

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 \_\_\_\_\_ - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Fee (\$)    Fee Paid (\$)  
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 \_\_\_\_\_ - or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

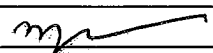
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): 1253 Extension for response within third month    1,110.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong	Telephone	(703) 205-8000
		Date	May 1, 2009